## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
	G 200330700
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 05 2022
Mailing Address 3100 Smoketree Ct.	
Suite 900	Amount
City State Zip Code	625.00
Raleigh NC 27604	Transaction ID : SE.43309  Date of Disbursement or Obligation
Purpose of Expenditure Mileage (Estimate)  Category/ Type  004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
WALKER, HERSCHEL MR., , ,	President State: GA
Per Flection for Office Sought 130275.00 202	
Tel Elocitori of Cilioc Codgrit	U Other (specify) ▶
Full Name of Payee Headway Workforce Solutions Inc.	Date of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.	10 05 2022
Suite 900	Amount
City State Zip Code	625.00
Raleigh NC 27604	Transaction ID : SE.43310
Purpose of Expenditure	Date of Disbursement or Obligation
Mileage (Estimate)  Category/ Type  O04	
	ice Sought: House District: 00
WARNOCK, RAPHAEL, , ,	President Senate State: GA
20000000	sbursement For: Primary Separal General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Gross, Jennifer, , ,  [Electronically Filed] Date	10 07 2022
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y
Headway Workforce Solutions Inc.	of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.  Amour	10 05 2022 nt
Suite 900	
· ·-···	40000.00 action ID : SE.43311
Purpose of Expenditure	of Disbursement or Obligation
Name of Federal Candidate  X Support Office Sought	t: House District: 00
WALKER, HERSCHEL MR., , , Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2022 Of	t For: Primary <b>x</b> General ther (specify) ▶
Full Name of Payee Date of	of Public Distribution/Dissemination
Headway Workforce Solutions Inc	10 05 7 2022
Mailing Address 3100 Smoketree Ct.	nt
Suite 900	
City State Zip Code	40000.00
	of Disbursement or Obligation
Canvassing (Estimate)  Category/ Type  Out  Out  Out  Out  Out  Out  Out  Ou	
Name of Federal Candidate Support Office Sough	it: House District: 00
WARNOCK, RAPHAEL, , , Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2022  O	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	80000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date 10	07 / 2022

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Logan Circle Group, Inc.	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
Suite 150-373	
City State Zip Code	125000.00
· · · · · · · · · · · · · · · · · · ·	Transaction ID : SE.43304 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Placement  Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
WARNOCK RAPHAEL	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought  Disburs 255900.00  2022	sement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose p	President Senate State:
Caloridar Tour To Bato	sement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	125000.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	206250.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Gross, Jennifer, , ,  [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	